

FIG. 1

FIG. 2

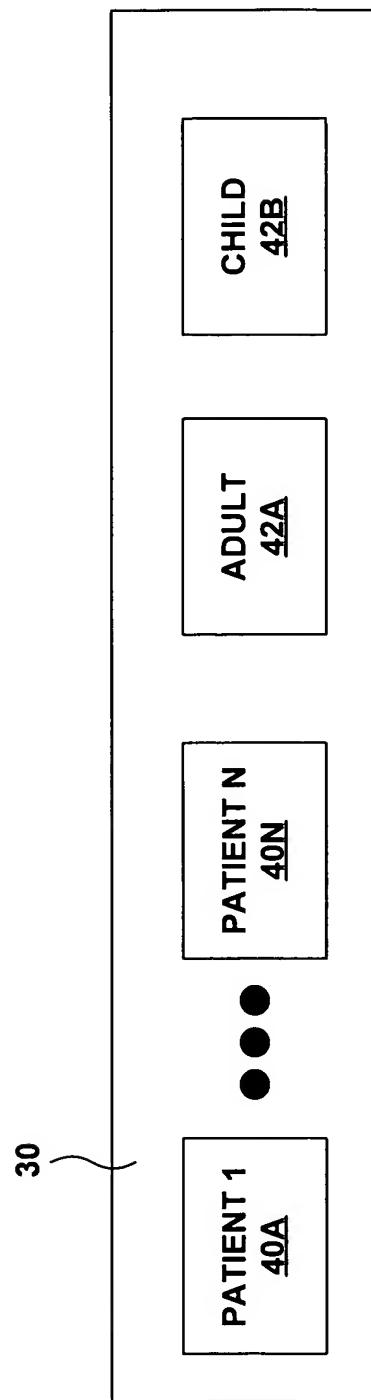


FIG. 3

<u>PERSONAL INFORMATION:</u> NAME/D.O.B./GENDER
<u>CONSENT INFORMATION:</u> CONSENT FOR CARE (E.G. "DO NOT RESUSCITATE")
<u>CONTACT INFORMATION:</u> NAME/INFO OF: PHYSICIAN, HOSPITAL, INSURANCE
<u>MEDICAL INFORMATION:</u> HEIGHT, WEIGHT, MEDICATIONS, ALLERGIES, CHEST CIRCUMFERENCE, PRIOR CARDIAC CONDITIONS, IMPLANTED DEVICES, TRACKING INFORMATION FOR IMPLANTED DEVICES, NORMAL CARDIAC RHYTHM, STORED ECG WAVEFORMS, TRANSTHORACIC IMPEDANCE
<u>THERAPY INFORMATION:</u> THERAPY PARAMETERS

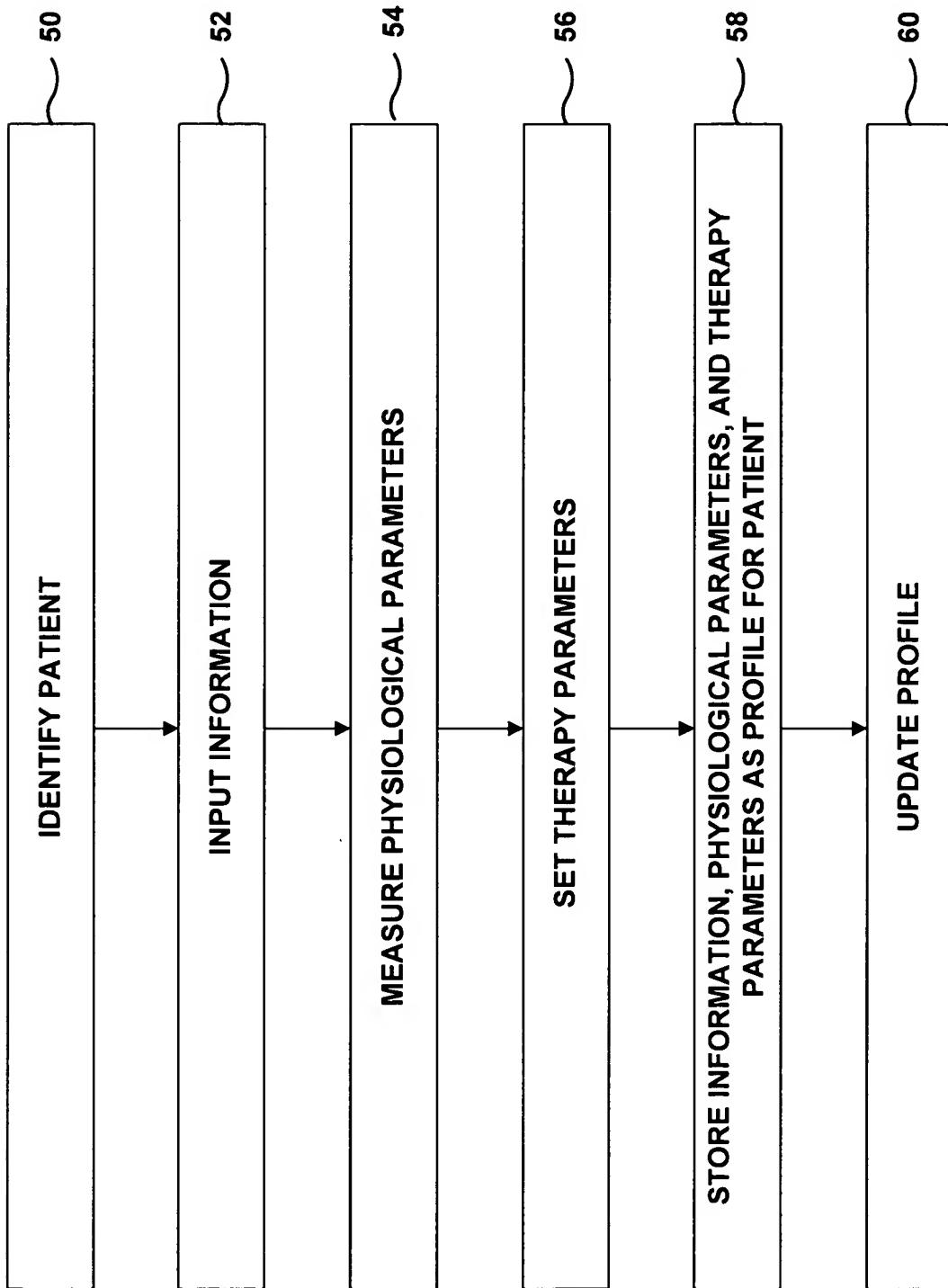


FIG. 4

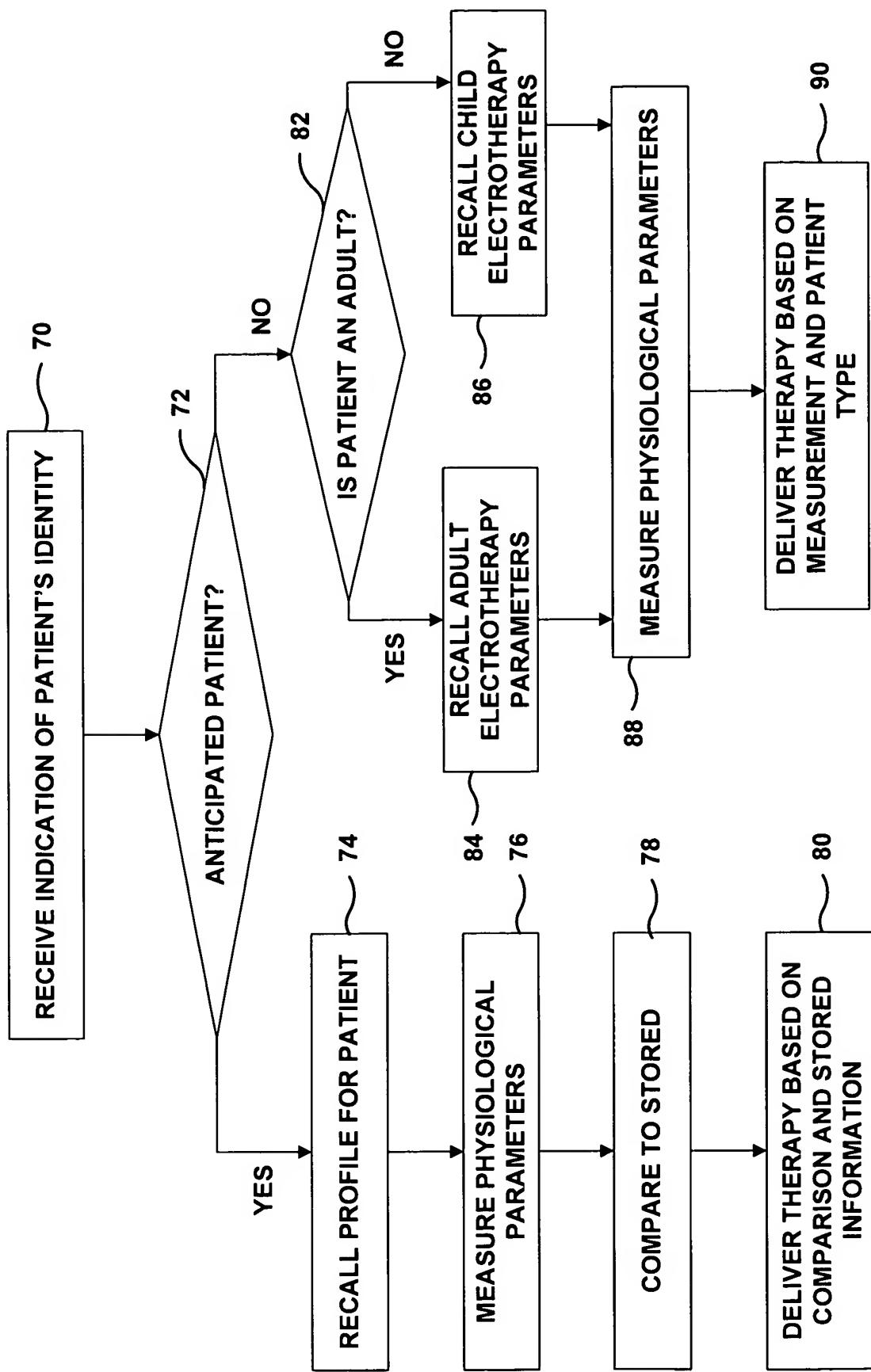


FIG. 5

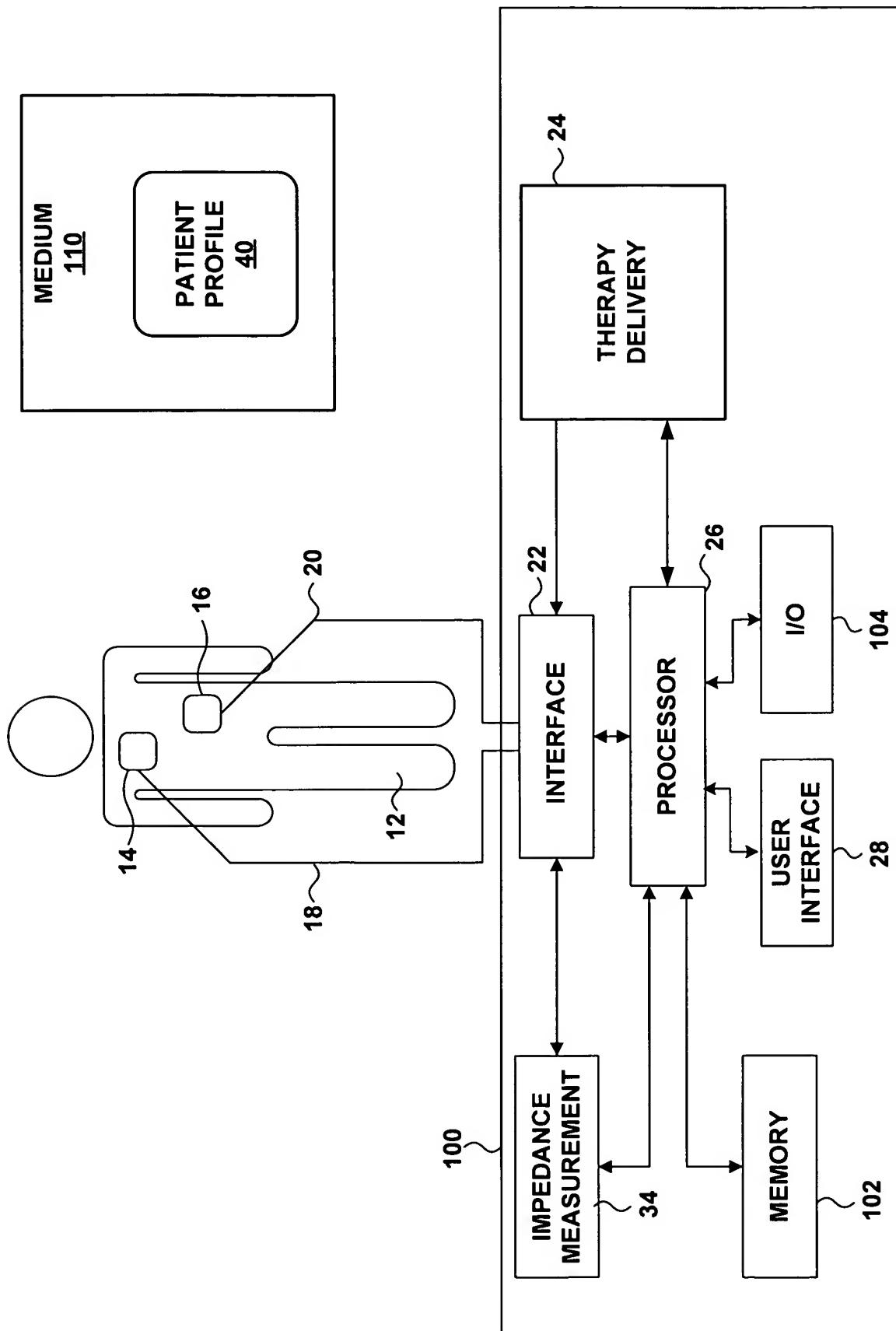


FIG. 6

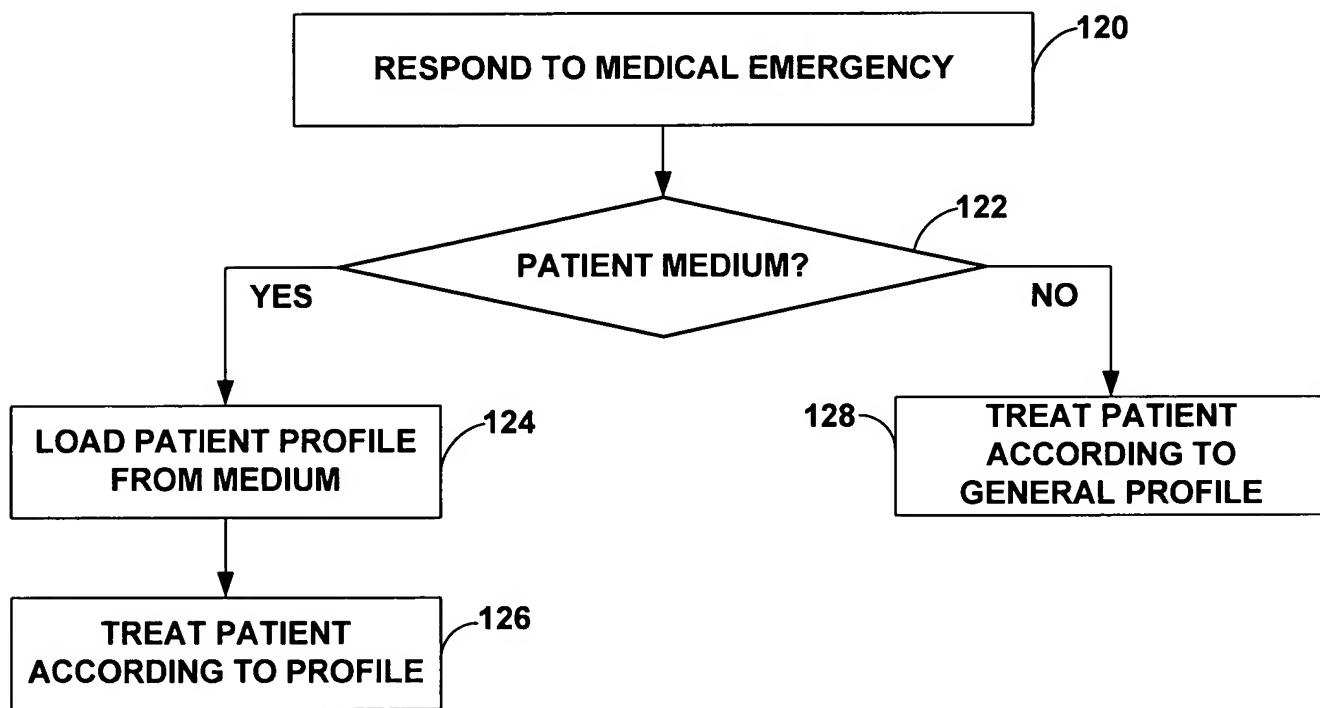


FIG. 7